

Operation Vets Home – Fax Cover Sheet

FAX

TO: Operation Vets Home

FROM: _____

FAX: (510) 372-0777

FAX: _____

PHONE: (510) 670-5933

PHONE: _____

SUBJECT: Referral to Operation Vets Home

DATE: _____

[Click to select date]

Contact for Questions about Referral

(This should be contact information for the worker who made contact with the Veteran, not necessarily the person sending this fax)

Name: _____

Agency/Program: _____

Phone Number: _____

E-mail: _____

Be sure to include all required items (see instructions and checklist):

- Operation Vets Home Release of Information (ROI) Completed and Signed; and
- Operation Vets Home Referral Form

Operation Vets Home
Release of Information

I, _____, authorize Operation Vets Home, a project of Everyone Home and several Alameda County Support Services for Veteran Families (SSVF) partner agencies, to communicate with and disclose to one another information to help me obtain permanent housing and needed and desired services. *Information will only be shared with and used by people associated with Operation Vets Home that need and will use my information to help me obtain housing and services.*

Data about me will include: Veteran and discharge status, my date of birth, Social Security Number, living situation, household type, age, gender, and race.

The purpose of the disclosures authorized in this consent is to:

Enable Operation Vets Home and its partners to evaluate my need and desire for services from Operation Vets Home and its partners, provide and coordinate Operation Vets Home and its partners' services to me, determine my eligibility for specific service and housing programs, to support me in obtaining permanent housing, and for research and progress reports.

I also understand that I may revoke or "take back" this consent at any time. I understand that if I "take back" my consent this will only effect future information and that past information cannot be changed retroactively, and that in any event, this consent expires automatically 6 months after the date of my last services from Operation Vets Home. To revoke this consent, I must send, in writing my wish to revoke to EveryOne Home, at 224 West Winton Ave, Room 108, Hayward CA 94544-1215 OR by fax to 510.372.0777.

I understand that the purpose of Operation Vets Home is the coordination of care and improved access to permanent housing resources. I understand that if I refuse to sign this authorization, it may prohibit further engagement from SSVF agency outreach workers, or the Operation Vets Home's efforts to assist with obtaining permanent housing.

I have been provided a copy of this form.

Dated: _____
_____ *Signature of Participant/Patient*

Agency Representative that helped with this consent form:

Print Agency Representative Name

Agency Name

Signature of Agency Representative

Operation Vets Home Participating Providers

- Abode Services
- Alameda County Housing Authority
- Berkeley Food and Housing Project
- East Bay Community Recovery Project
- East Oakland Community Project
- EveryOne Home
- LifeLong Medical Care
- Oakland Housing Authority
- Operation Dignity
- Saint Mary's Center
- Swords to Plowshares
- Veterans Administration

This form is to be filled out with the Veteran you are referring – Only complete at time of contact

Assessment Date: ___/___/_____ Referring Agency: _____

CLIENT PROFILE AND HOUSEHOLD INFORMATION

First: _____ Middle Initial: _____ Last: _____

Social Security Number: _____ - _____ - _____ SSN Unknown

Date of Birth ___/___/_____ Don't Know Refused Age: _____

Gender: Female Male Transgender Other Don't Know

Household Type: Single Adult Female single parent Male single parent
 Couple w/out children Two parent family w/ children Other _____

Race:
 American Indian or Alaska Native Asian Black or African-American White
 Native Hawaiian or Other Pacific Islander Don't Know Other _____

Language(s) Spoken (If other than English, please circle preferred language):
 English Spanish Mandarin Tagalog Cantonese Other _____

MILITARY INFORMATION

Have you ever served in the Armed Forces of the United States?

No Yes Don't Know

If yes, which branch?

Army Navy Air Force Marines Coast Guard Unknown

Discharge Status (if applicable):

Honorable General Other than Honorable (OTH) Bad Conduct
 Dishonorable Unknown

HOUSING SITUATION

Are you homeless? No Yes Phone Number: _____

If yes, please briefly describe your situation _____

In what city(ies) do you most frequently stay? (Alameda County Only)? _____

If an Outreach worker were trying to connect with you, where would you most likely be found (Please be specific – addresses / intersections / names of parks or locations)?

When complete, please fax this and other required forms to:
Operation Vets Home c/o Jackie Ballard
All Contact information for referrals can be found on the Operation Vets Home Fax Cover Sheet.